

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2							52					
3							53					
4							54					
5	3		1				55					
6	3		2				56					
7	3		2				57					
8	3		2				58					
9	3		2				59					
10	3		2				60					
11	3		2				61					
12	1		2				62					
13							63					
14							64					
15	3		3				65					
16	3		3				66					
17	3		3				67					
18	3		3				68					
19	3		3				69					
20	3		3				70					
21	3		3				71					
22			1				72					
23			1				73					
24							74					
25							75					
26							76					
27			1				77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1											
TOTAL DEP.	48	→	→	→	35	→						
TOTAL CLAIMS	49	48	48	48	41	41						